

Client No. 2036		Client Name OH MATERIALS		Location 1004 OSWEGO ST UTICA NY		Date 7/16/87	
Facility Equipment	Detax Clock	Weapon No.	Hoister	Nightstick	Raincoat	Flashlight	Other
						TWO GATE KEYS - LOG BOOK - RADIO	
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) GEORGE, JEFF D		Officer—Swing Shift (Name) B. Waller		Officer—Grave Shift (Name) Dick Kokoszki	
Shift		Shift		Shift		Shift	
Began 8 AM-PM		Began 4 AM-PM		Began 12 AM-PM		Began 12 AM-PM	
Ended 4 AM-PM		Ended 12 AM-PM		Ended 8 AM-PM		Ended 8 AM-PM	
Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation	Yes
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Fire-smoke-or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
6. Lights left burning		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Visitors		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Trespassing		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Remarks							

IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.

1. Were you injured during this tour?	Day Shift	1.	Yes	No	2.	Yes	No	3.	Swing Shift	1.	Yes	No	2.	Yes	No	3.	Grave Shift	1.	Yes	No	2.	Yes	No	3.
	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Yes	No	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
2. Did you suffer any illness?	Day Shift	1.	Yes	No	2.	Yes	No	3.	Swing Shift	1.	Yes	No	2.	Yes	No	3.	Grave Shift	1.	Yes	No	2.	Yes	No	3.
	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Yes	No	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
3. Have you reported all accidents coming to your attention?	Day Shift	1.	Yes	No	2.	Yes	No	3.	Swing Shift	1.	Yes	No	2.	Yes	No	3.	Grave Shift	1.	Yes	No	2.	Yes	No	3.
	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Yes	No	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
Signatures	1.	Jeff D. George						2.	B. Waller						3.	Dick Kokoszki								
Signatures	2.							2.							2.									
Signatures	3.							3.							3.									